

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90137 021 ***150.00

DOCUMENT # P96000050900

1. Entity Name

NCG HOLDINGS, INC.

Principal Place of Business

Mailing Address

2252 KILLEARN CTR. BLVD- 4138 Neil Ct.
STE 1A
TALLAHASSEE FL 32308 32303
US

2252 KILLEARN CTR. BLVD- 4138 Neil Ct.
STE 1A
TALLAHASSEE FL 32308- 32303
US

020011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4138 Neil Ct.
Suite, Apt. #, etc.

4138 Neil Ct.
Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Country

32303

USA

Zip

Country

32303

USA

4. FEI Number 59-3383619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCWILLIAMS, SHANNON P
4138 NEIL COURT
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-statuting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|--|----------------------|---------------------------------|
| P | MCWILLIAMS, SHANNON | 4138 NEIL COURT | TALLAHASSEE FL 32303 | <input type="checkbox"/> |
| VP | JONES, ROBERT E. J | ROUTE 5, BOX 5235 | MONTICELLO FL 32344 | <input type="checkbox"/> |
| VP | DELVECCHIO, JOHN A | 1685 FOLKSTONE ROAD- 2235 Ten Oaks Dr. | TALLAHASSEE FL 32312 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shannon P. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

Date

850.219.5109

Daytime Phone #

CR2E034 (10/00)